

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/673505** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1	1				
5	1					
6	1					
7	1					
8	1					
9		1				
10		1				
11	1					
12	1					
13	1					
14		1				
15	1					
16	1					
17	1					
18	1					
19		1				
20		2				
21		1				
22		1				
23		2				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31	1					
32	1					
33		1				
34		2				
35	1					
36		1				
37	1					
38		1				
39	1					
40		1				
41		1				
42		3				
43		3				
44		3				
45		1				
46	1					
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	23					
TOTAL DEP.		58				
TOTAL CLAIMS	81					

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS